

CORRECTIONAL OASIS

A PUBLICATION OF DESERT WATERS CORRECTIONAL OUTREACH
A NON-PROFIT FOR THE WELL-BEING OF CORRECTIONAL STAFF & THEIR FAMILIES

VOLUME 3, ISSUE 4

Recipients of Pikes Peak CFC funds—Agency #6022

APRIL 2006

From The Old Screw

Believe It or Not

INSIDE THIS ISSUE:

DIAGNOSING PTSD	2
COMPASSION	3
STRESS MANAGEMENT	3
UNDER PRESSURE	3
CFCF GRANT AWARD	4
MANY THANKS	4

Writing these articles brings back both good and bad memories. While coming up with stories for this newsletter, I get to remember some of the finest people I have ever had the pleasure to know or work with. On the other hand, I am also reminded of some who should have never been allowed inside of a prison, let alone work in one. Thank God, they were in the minority, and as I write these articles I almost think kindly of some of them. (Notice, I said *almost*.)

I'm sure we've all had our share of people like this. I remember the Correctional Officer (CO) that was working a tower. The shotgun crew weapons were stored there when not in use. One morning, the gun crews came to the outside bottom of the tower to pick up weapons. The weapons were kept in a large canvas bag. Not realizing that there was a new Officer on the tower, the Sgt. yelled to throw them the weapons. Yep, you got it. Instead of lowering it down on the rope, the Officer threw the bag over the rail. After a few more incidents, this Officer was gone.

Not all such incidents were funny. A Tower Officer refused to shoot an inmate that was on top of another inmate stabbing him. The Officer said he was afraid the round would go through the inmate on top and hit the inmate on the bottom. So the inmate on the bottom was stabbed to death over an Afro comb. The Officer was reviewed and let go.

A person was working in a large cellblock and saw an inmate threatening another inmate with a shank (homemade knife). This person went down four tiers, passed the Unit office and went to the front gate Officer. He told the front gate Officer what had happened. The Shift Commander was called and again the person described what had happened. When the Shift Commander asked the person why he had left his

post and not told anyone, the person replied, *But the guy had a knife!* When asked, and then ordered, to return to the Cell House to ID the inmate, the person refused and quit on the spot.

While working the front gate, my wife (also a CO) noticed that a new Officer was carrying a large pocket knife. (We had to take everything out of our pockets and go through a metal detector before entering the prison.) When she asked him about it, he exclaimed, *It's scary in there!* She in-

formed him that he could not carry the pocket knife inside the walls. She then added, *If you are scared to go in, maybe you are in the wrong line of work.* When some inmates staged a peaceful sit-in a few weeks later, he and a couple of other Officers decided they were indeed in the wrong line of work. (A sit-in is when inmates want to get their point across, so they stop working and don't do anything. A peaceful sit-in is where there is no hitting, biting, killing or maiming.)

All of these stories, I am sad to say, are true. But I am sure that some of you out there have seen just as bad, if not worse. We used to say that you didn't have to be crazy to work in a prison, but that it darned sure helped!

Take Care,

The Old Screw

DRAWING WINNERS

- Puerto Vallarta trip:** Barbara Hartt, Hiland Mountain Correctional Center, Eagle River, Alaska (Had to re-draw as original winner withdrew.)
- Digital Camera:** Glenn Doughten, Nassau County Jail, Oceanside, New York

Congratulations,
Barb and Glenn!

Healing Trauma

DIAGNOSING PTSD

© Caterina Spinaris, Ph.D., 2006

In the prior issue we printed portions of a Correctional Officer's victim impact statement that graphically described some PTSD symptoms following an almost fatal assault by an inmate. In this month's issue we present a summary of the symptoms necessary for the diagnosis of PTSD. These symptoms fall in three major categories.

Memory Disturbances

The traumatic event is relived repeatedly in one or more of the following ways, which end up re-traumatizing the survivors:

1. Repeated, disturbing and unwelcome remembering of the event. "Can't get it out of my mind." "It pops up on its own whenever it wants to, and I can't turn it off."
2. Recurrent nightmares of the event. "Even my sleep is no longer a refuge, a safe place where I can go to escape these memories."
3. Acting or feeling as if the traumatic event were happening all over again in the present moment (includes illusions, hallucinations, and dissociative flashback episodes). "All of a sudden I was right back in the middle of the fight, reliving it all over again."
4. Intense emotional turmoil when exposed to reminders of the traumatic event (Reminders can be internal—one's own thoughts or feelings, or external—cues in the environment that trigger memories of the traumatic event.) "When I smelled those smells again, I thought I'd lose my mind."
5. Physical reactions on exposure to internal or external cues that remind the survivor of an aspect of the traumatic event. "When I came across my photos after the assault, my heart began to race so fast, and my whole body was shaking so badly, I almost passed out."

Increased Physiological Upheaval

The survivor's sympathetic nervous system, which is involved in the fight-or-flight response, becomes overly active. This is not surprising, as the traumatic memory intrusions make the survivor feel like the danger is ever present. As a result, traumatized survivors may experience problems in the following areas:

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hypervigilance (being excessively on guard, always on the look-out for signs of danger)

5. Strong startle response (jumping up, screaming or physically attacking someone when touched unexpectedly, when there is a loud sound, or when someone enters the room unexpectedly)

Avoidance of Trauma Reminders

To cope with the flooding of unwanted memories that haunt them day or night, survivors make diligent efforts to avoid whatever cues remind them of the trauma. The following are some ways that this plays out:

1. To minimize the impact of triggers in the "outside world," survivors learn to avoid certain conversations, people, places or things.
2. To gain control over the cues in their internal world (one's own sensations, thoughts and emotions), survivors learn to "numb out," that is, disconnect themselves from their inner lives, becoming unaware of what they are thinking or feeling.
3. Numbing leads to a generalized shutting down of emotions, especially of positive or loving feelings.
4. It also leads to a sense of detachment and emotional distance from other people.

In addition, avoidance results in reduced desire to engage in activities one used to participate in prior to the traumatic event, leading to additional withdrawal from people, places and things.

"It's all in the past and I don't want to talk about it!" becomes a standard response survivors give to those who mention the traumatic event. "I can't put in words what's going on with me," is another stock phrase. "I just want to be left alone!" becomes a lifestyle.

These three clusters of symptoms—memory disturbances, physiological reactions and avoidance—seem to go in a cycle. The traumatized person gets triggered when traumatic memories flood their awareness, resulting in physiological alarm reactions. The distressing nature of the memories and the physiological reactions to them then prompt survivors to try to regain control of themselves through avoidance and numbing.

For a PTSD diagnosis, the symptoms must have endured for more than one month.

Also, for a diagnosis of PTSD, the distress caused by the symptoms must result in significant impairment in social, occupational, or other important areas of functioning.

PLEA FOR COMPASSION

This is a prayer offered by a correctional officer during the celebration of Black History month.

Lord, help us to show toward our fellow men the kindness which we have so often craved from them. May we think of our neighbors not as our rivals who would undo us, but as brothers and sisters who need us. Give us the compassion of Jesus that we may never be able to turn coldly from anyone who needs us. Make us quick to hear the cry of the suffering. Turn our feet towards the suffering of sorrow. May we know the joy of carrying hope to hearts that have long been strangers to hope. We remember how lonely we have been in sickness. Help us to relieve the loneliness of the sick. We remember how often we have longed for the touch of a friendly hand. Help us to relieve the heart-hunger of the neglected. These things we ask in the name of Jesus. Amen.

VALUABLE STAFF RESOURCE

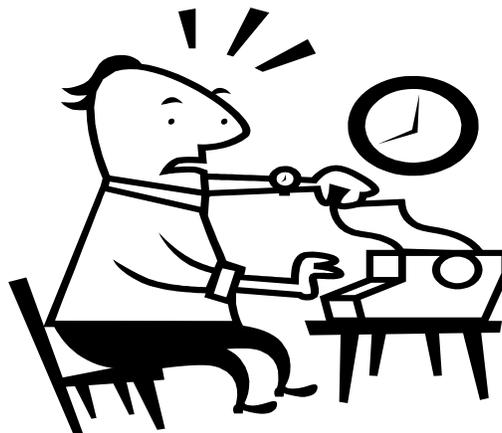
There are very few “short and sweet,” easily comprehensible, and practical stress management resources for correctional staff. Dr. Don Steele, who has over 20 years of experience with treating correctional staff, has put such a resource together. The booklet, **Stress Management for the Professional Correction Officer**, offers a wealth of tips for correctional staff **self-care** and **family care**. Administrators, EAP officials, union officials or others can order it in bulk and provide copies to correctional staff. For more information or to order, please go to www.steelepublishing.com, or email at SteelePub@aol.com, or call at 508-339-6760.

Here is a list of the booklet’s contents.

- ◆ Triggers for stress in the prison environment
- ◆ Stress-related behavior
- ◆ Job consequences for corrections officers
- ◆ Get physical
- ◆ Managing your thoughts
- 1. Live in the present
- 2. Focus on specific issues or people
- 3. Differentiate between possible and probable
- 4. Differentiate between catastrophe and difficulty
- 5. Realize you aren’t the only one
- ◆ Anger
- ◆ Basic anger management techniques
- ◆ Change your focus when you leave work
- ◆ Communication is an important process
- ◆ Female officers
- ◆ Institutional changes can help—but they take a long time
- ◆ Obtaining help
- ◆ Think and act productively
- ◆ When and how to get help

Working Under Pressure

Supervisors can have a major impact not only on their staff’s performance, but also on their physical well-being. Researchers found that employees’ blood pressure rose significantly when interacting with a supervisor whose managerial style was perceived as negative--not respectful, fair or sensitive to others. However, their blood



pressure dropped back to normal when dealing with another supervisor whose style was seen as positive, more respectful, thoughtful and sensitive.

From Nadia Wager, George Fieldman, and Trevor Hussey, "The Effect on Ambulatory Blood Pressure of Working Under Favorably and Unfavorably Perceived Supervisors," *Occupational Environmental Medicine* 60 (2003): 468-474.

Desert Waters

Correctional Outreach



*a non-profit organization
for the well-being of correctional
staff and their families*

Caterina Spinaris Tudor, Ph.D.
Executive Director

P.O. Box 355
Florence, CO 81226
(719) 784-4727

DESERTWATERS@DESERTWATERS.COM

WWW.DESERTWATERS.COM

To **donate online** through PayPal,
please go to:

<http://www.desertwaters.com/a-donations.htm>

MANY THANKS!

Individual donors: Colleen Abdoulah, Jim & Linda Beauchamp, H.J. & Becky Ann Hutson, Wally & Than Lundquist, Judy Myers, Revs. Clint & Dr. Margie Pollard, Clayton & Connie Richardson, Chaplain Russell & Cheryl Scharf, and Paul J. Smith, Jr .

Business donors: Austin Automotive; Janice Barnett, C.P.A.; Eric Carlson, M.D.; Christian Ambassadors, Inc.; Mary Laperriere of Action Knives; Luis Marquez, D.C.

Special thanks also go to: Colene Allen, D.N; Kathy Barnes, Cañon National Bank; Joellen Brown, Fremont County Benefits Fair; Joe & Darla Carter; Pastor Larry Kettle, Bridge To Life Assembly; Sharon Meek; Wesley Meyer; Senior Mini College, PCC Fremont Campus; The Old Screw; Ted Tudor; Paula Walker, US Bank; and our faithful Ventline Responders.



This newsletter was made possible in part by a contribution from **OmniView** (<http://www.radialomniview.com/>), which provides 100% total inmate surveillance with archive in **OmniView** corrections and detention facility designs.

BLOGS

<http://desertwaters.blogspot.com>
<http://womenincorrections.blogspot.com>

**Your support makes
our services possible!**

The Corrections Ventline™
1-866-YOU-VENT
(866.968.8368)
youvent@desertwaters.com

Caring For Colorado Foundation Award

We are ecstatic to announce that we were awarded a \$35,000 grant award for 2006 from the Caring For Colorado Foundation. This is the second consecutive year of funding for DWCO by the Foundation.

The mission of the Caring For Colorado Foundation is to promote and serve the health care needs of the citizens of Colorado. The grant award will be used to fund The Corrections Ventline, our 24-hour anonymous supportive listening and crisis intervention phone and e-mail service for corrections staff and their families, and expand its scope to mental health treatment with providers educated on the corrections subculture.

Dr. Chris Wiant, President & CEO of Caring For Colorado Foundation, and Linda Reiner, Director of Planning and Evaluation, traveled from Denver in December to visit Desert Waters' offices in Florence. During their visit, they also toured the U.S. Penitentiary at the Federal Correctional Complex courtesy of Warden Hector Rios, Jr.

To receive this extraordinary recognition for our mission and programs from the Caring For Colorado Foundation is a dream come true. We are truly thankful for their continued support, generosity and obvious compassion for those who serve in corrections across the state of Colorado.